

# Sample Social Security Application Data Form

## I. NECESSARY INFORMATION (pages 1-5)

**DEMOGRAPHICS** (Complete at time of intake.)

**Last  
Name**

[illegible]

**First  
Name**

[illegible]

MI

/\_\_\_\_/

Applicant's Middle Initial

**Location  
Code**

[coding for specific areas, e.g. cities, towns, villages, etc.]

01 _____	04 _____
02 _____	05 _____
03 _____	06 _____

**Date of Birth**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age \_\_\_\_\_

Social Security #

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Gender

1 Male	2 Female
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## Race

1 North American Indian or Alaskan Native	4 Black, Hispanic
2 Asian, Asian-American or Pacific Islander	5 White, Non-Hispanic
3 Black, African American	6 White, Hispanic
	7 Other _____

## Veteran

1 Yes	2 No
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**Residential  
Arrangement**

Most Recent Residence

(Circle one)

- |                      |   |
|----------------------|---|
| 1 Homeless/Shelter   | 7 Group Home                            |
| 2 Own House/Apt/Room | 8 Other Residential (Non-Institutional) |
| 3 Parent/Guardian    | 9 Nursing Home                          |
| 4 Other Relative     | 10 Jail/Correctional Facility           |
| 5 Foster Care        | 11 Other Institutional Setting          |
| 6 Non-Relative       |   |

**Homeless  
Status**

- |                               |                             |
|-------------------------------|-----------------------------|
| 0 Not Homeless                | 3 Homeless 1-3 Years        |
| 1 Homeless Less Than 3 Months | 4 Homeless 4-9 Years        |
| 2 Homeless 3-11 Months        | 5 Homeless 10 or More Years |
|                               | 6 Unknown                   |

**Living  
Arrangement**

Current Living Arrangement

- |                                  |
|----------------------------------|
| 1 Lives Alone                    |
| 2 Lives With Relatives           |
| 3 Lives With Non-Related Persons |

**Educational  
Status**

(Circle highest that applies)

- |  |
|--|
| 1 Never Attended School                      |
| 2 Special Education                          |
| 3 Pre-School/Kindergarten                    |
| 4 Some Elem. School (Grades 1-7)             |
| 5 Completed Elem. School (Grade 8)           |
| 6 Some High School or Voc. Ed. (Grades 9-11) |
| 7 Completed High School (Grade 12 or Equiv.) |
| 8 Some College (Less Than 4 Years)           |
| 9 Completed College (4 or More Years)        |

**Marital  
Status**

- |                 |              |
|-----------------|--------------|
| 1 Never Married | 4 Divorced   |
| 2 Married       | 5 Widowed    |
| 3 Separated     | 6 Common Law |

**Employment  
Status**

- |             |              |
|-------------|--------------|
| 1 Full-Time | 5 Volunteer  |
| 2 Part-Time | 6 Retired    |
| 3 Homemaker | 7 Unemployed |
| 4 Student   |              |

**Current  
Primary  
Income  
Source/Benefit**

(Circle one)

- |   |                               |
|---|-------------------------------|
| 1 Employment Wages                                      | 7 Unemployment Insurance      |
| 2 SSI/SSDI  | 8 Other                       |
| 3 Food Stamps   | 9 None                        |
| 4 Medicaid/Medicare                                     | 10 Social Security Retirement |
| 5 TANF  | 11 Other Pension/Annuity      |
| 6 General Public Assistance<br>(State or Local Benefit) | 12 Private Disability         |
|   | 13 Alimony                    |

**Secondary  
Income  
Source/Benefit**

(Circle one)

- |   |                               |
|---|-------------------------------|
| 1 Employment Wages                                      | 7 Unemployment Insurance      |
| 2 SSI/SSDI  | 8 Other                       |
| 3 Food Stamps   | 9 None                        |
| 4 Medicaid/Medicare                                     | 10 Social Security Retirement |
| 5 TANF  | 11 Other Pension/Annuity      |
| 6 General Public Assistance<br>(State or Local Benefit) | 12 Private Disability         |
|   | 13 Alimony                    |

**Date Referred  
for Assistance  
with SSA  
Application**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source**

*The following are examples. You'll need to create and assign codes for specific referral sources in your local area.*

- |                          |                                |
|--------------------------|--------------------------------|
| 1 Hospital A             | 5 Health Care for the Homeless |
| 2 Hospital B             | 6 Homeless Outreach Team       |
| 3 Mental Health Center A | 7 Department of Corrections    |
| 4 Private Physician      | 8 Detox Center                 |

**Assigned Staff  
Person (Initials)**

\_\_\_\_ \_

**Initial Contact  
Date**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason No  
Contact**

- |                            |                             |
|----------------------------|-----------------------------|
| 1 Psychiatrically Unstable | 4 Did Not Keep Appointments |
| 2 Unable to Locate/Lost    | 5 Other                     |
| 3 Medically Unstable       | 6 Unknown                   |

**App. Done**

Was There an SSI and/or SSDI Application?      1 Yes      2 No

**Reason No  
App. (1-4)**

Reason For No Application

**SSA Activity  
(A-D)**

- |                           |
|---------------------------|
| 1 Person Refused to Apply |
| 2 Unable to Locate/Lost   |
| 3 Already Active With SSA |
| A Application Pending     |
| B Needs to Appeal         |
| C In Appeal               |
| D Receives SSA Benefits   |
| 4 Other                   |

**SSI/SSDI  
App. Date**

Date of SSI/SSDI Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date When Disability Report and Application for SSI/SSDI Completed)

**In Hospital**

At Time of Application, Was Applicant Hospitalized?

1 Yes      2 No

**Hospital  
Discharge**

Was There a Hospital Discharge?

1 Yes      2 No

**Discharge  
Date**

Date of Hospital Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In Jail/Prison**

At Time of Application, Was Applicant Incarcerated?

1 Yes      2 No

**Jail/Prison  
Release**

Was There a Release From Jail/Prison?

1 Yes      2 No

**Date of  
Release**

Date of Release: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DDS Date  
Delivered**

Date Medical Record and/or Summary Report Was Delivered  
To SSA/DDS: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Log DDS**

Date Case Logged in at DDS: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date DDS  
Determination**

Date of DDS Determination: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DDS  
Determination**

DDS Determination:  
1 Denied      2 Approved      3 Pending

**SSI Approved**

1 Yes      2 No      3 Pending

**SSDI  
Approved**

1 Yes      2 No      3 Pending

**Homeless at  
Time of DDS**

1 Yes	2 No
-------	------

**Income at  
Time of DDS  
Decision**

1 Employment Wages	7 Unemployment Insurance
2 SSI/SSDI	8 Other
3 Food Stamps	9 None
4 Medicaid/Medicare	10 Social Security Retirement
5 TANF	11 Other Pension/Annuity
6 General Public Assistance (State or Local Benefit)	12 Private Disability
	13 Alimony

**Outpatient  
Treatment at  
Time of DDS  
Decision**

1 Yes	2 No
-------	------

**Payee  
Needed**

Representative Payee Needed:	
1 Yes	2 No

**Secured Payee?  
(Other Than  
Program)**

1 Yes	2 No	3 Undecided
____/____/____		

**Date**

**Program  
Serving as  
Payee?**

1 Yes	2 No	3 Undecided
____/____/____		

**Date**

**II. ADDITIONAL USEFUL CLINICAL INFORMATION** (Complete as of date medical record/report submitted to SSA/DDS)**Residential  
Arrangements**

Residence for Past Sixty Days- Circle All That Apply

- |                      |  |
|----------------------|--|
| 1 Homeless/Shelter   | 7 Group Home                               |
| 2 Own House/Apt/Room | 8 Other Residential<br>(Non-Institutional) |
| 3 Parent/Guardian    | 9 Nursing Home                             |
| 4 Other Relative     | 10 Jail/Correctional Facility              |
| 5 Foster Care        | 11 Other Institutional Setting             |
| 6 Non-Relative       |  |

**Psych  
Hosp.  
Lifetime**

# of Psychiatric Hospitalizations in Lifetime: \_\_\_\_\_  
(Use X for Unknown)

\_\_\_\_\_ # In State Psychiatric Hospital  
 \_\_\_\_\_ # In Private Psychiatric Hospital  
 \_\_\_\_\_ # In General Hospital

**Psych  
Hosp.  
Past Year**

# of Psychiatric Hospitalizations in Past Year: \_\_\_\_\_  
(Use X for Unknown)

**Psych Hosp.  
Length of Stay**

Estimate- Average Length of Stay (in Days) for Each Psychiatric Hospitalization in Past Year: \_\_\_\_\_ 000 If None 999 Unknown

**Current  
Outpatient  
Treatment**

1 Yes	2 No
-------	------

**Arrests**

Estimate # of Arrests Since Age 18:

- |        |              |
|--------|--------------|
| 0 None | 3 5-10       |
| 1 1-2  | 4 10 or More |
| 2 3-5  | 5 Unknown    |

**Convictions**

Estimate # of Convictions Since Age 18:

- |        |              |
|--------|--------------|
| 0 None | 3 5-10       |
| 1 1-2  | 4 10 or More |
| 2 3-5  | 5 Unknown    |

**Parole**

Is the Applicant Currently on Parole/Probation?

1 Yes	2 No	3 Unknown
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**Axis I  
DX 1**

Primary Axis I Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Axis I  
DX 2**

2<sup>nd</sup> Axis I Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Axis I  
DX 3**

3<sup>rd</sup> Axis I Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Axis I  
DX 4**

4<sup>th</sup> Axis I Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Axis II  
DX 1**

Primary Axis II Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Axis II  
DX 2**

2<sup>nd</sup> Axis II Diagnosis -- Use DSM IV TR

\_\_\_\_\_

**Substance  
Abuse DX**

If substance abuse diagnosis, circle all substances used:

0 Alcohol

1 Sedative-Hypnotic Anxiolytic

2 Cannabis

3 Stimulant

4 Opioid

5 Cocaine

6 Hallucinogens-PCP

7 Inhalant

8 Other

9 Unknown

**Medical  
DX**

Axis III: Medical Diagnosis: (Circle all that apply)

1 HIV/AIDS

2 Head Injury

3 Other Injury

4 Seizure Disorder

5 Diabetes

6 Obesity

7 Respiratory Illness

(Asthma, Shortness of Breath,  
Pneumonia)

8 Heart Condition

9 Edema

10 TB

11 Hepatitis

12 Liver or Kidney Disease

13 Pancreatitis

14 Cancer

15 Other

16 None Known

**Sexual  
Abuse  
History**

Does the Applicant Have Any History of Sexual Abuse?

1 Yes

2 No

3 Unknown

**Physical  
Abuse  
History**

Does the Applicant Have Any History of Physical Abuse?

1 Yes

2 No

3 Unknown

## EDUCATION / WORK HISTORY

**Working**

Is the Applicant Working?

1 Yes

2 No

3 Unknown

**Worked  
Past  
Year**

Has Applicant Worked in Past Year?

1 Yes

2 No

3 Unknown

**Last  
Worked**

How Many Months Since Last Worked: \_\_\_\_\_

**Why  
Not  
Worked**

Reason Not Worked in Past Year: Circle All Appropriate:

- |                           |                                       |
|---------------------------|---------------------------------------|
| 1 Psychiatric Reasons     | 5 Couldn't Find Work- Looked for Work |
| 2 Physical Health Reasons | 6 Asked to Resign                     |
| 3 Laid Off                | 7 Other                               |
| 4 Terminated              | 8 Substance Use Problems              |
|                           | 9 Unknown                             |

**Why  
Left  
Last Job**

Reason for Leaving Last Job: Circle All Appropriate:

- |                           |                                       |
|---------------------------|---------------------------------------|
| 1 Psychiatric Reasons     | 5 Couldn't Find Work- Looked for Work |
| 2 Physical Health Reasons | 6 Asked to Resign                     |
| 3 Laid Off                | 7 Other                               |
| 4 Terminated              | 8 Substance Use Problems              |
|                           | 9 Unknown                             |

**Type of  
Work**

Type of Work Last Performed:

- |                                       |   |
|---------------------------------------|---|
| 1 None/Never Worked                   | 10 Management Type                                  |
| 2 Janitorial/Maintenance Housekeeping | 11 Driver/Mechanic                                  |
| 3 Laborer/Construction/Landscaping    | 12 Self-Employed                                    |
| 4 Factory Work                        | 13 Trades (e.g. Carpenter,<br>Plumber, Electrician) |
| 5 Restaurant Work/Fast Food           | 14 Other _____                                      |
| 6 Clerical/Secretarial                | 15 Unknown  |
| 7 Computer/Data Entry                 |   |
| 8 Retail/Sales                        |   |
| 9 Professional Type                   |   |

#### DISCHARGE INFORMATION

**Disch.  
Date**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Disch.  
DX 1**

Primary Axis I Diagnosis -- Use DSM IV

\_\_\_\_ \_

**Disch.  
Axis II  
DX 1**

Primary Axis II Diagnosis -- Use DSM IV

\_\_\_\_ \_

**Disch.  
DX 2**

2<sup>nd</sup> Axis I Diagnosis -- Use DSM IV

\_\_\_\_ \_

**Disch.  
Axis II  
DX 2**

2<sup>nd</sup> Axis II Diagnosis -- Use DSM IV

\_\_\_\_ \_

**Disch.  
DX 3**

3<sup>rd</sup> I Diagnosis -- Use DSM IV

\_\_\_\_ \_

**Disch.  
DX 4**

4<sup>th</sup> I Diagnosis -- Use DSM IV

\_\_\_\_ \_